



## Assessing Quality of Life at the End of Life in Maine Veterans' Homes

### Public Health Problem

In 2002, Last Acts, a national coalition to improve care and caring near the end of life, published *Means to a Better End: A Report on Dying in America Today*. This document rated each of the 50 states and the District of Columbia on eight criteria as a basis for assessing end-of-life care. The criteria included: 1) advanced care planning; 2) dying at home; 3) use of hospice care; 4) hospital-based palliative care services; 5) over-aggressive care; 6) pain management in nursing homes; 7) pain management policies; and 8) availability of trained palliative care staff. Maine received a “D” or lower rating in four of those eight areas, indicating that there was significant room for improvement in end-of-life care in Maine.

### Taking Action

In 2003, the Maine Comprehensive Cancer Control Program, in conjunction with the Maine Hospice Council and the Maine Veterans' Homes (MVH), assessed the end-of-life care in MVH facilities relative to existing national data and palliative care standards. Retrospective chart audits were conducted at MVH facilities in which residents died with cancer diagnoses between 2000 and 2003. A standardized data collection instrument was used to assess indicators of quality of life (QOL), including resident demographic information, diagnosis, family issues, site of death, symptom management, and palliative care. Residents' wishes relating to Do Not Resuscitate orders were consistently respected. Invasive-type treatment was found in the last weeks of life in 35 percent of cases reviewed. Up to 67 percent of the study population reported experiencing some pain. Opioids for pain management were given to 87 percent of residents in the last 48 hours of life. Documentation of the religious and spiritual preferences of MVH residents was lacking overall. The number of documented clergy visits was very low. Only 14 percent of the total resident population reviewed were referred to local hospice programs.

### Implications and Impact

The results show that there is much room for improvement in Maine for pain management, advanced directive/advanced care planning, clergy visitations, and documentation of patient religious and spiritual preferences, as well as for increased use of community-based hospice programs. Staff education and training in pain management, end-of-life care, and documentation of patient needs and preferences could be improved. Additionally, standardization of care practices in the art of providing excellence in end-of-life care may be useful. This project could serve as a model for all states that are working on end-of-life issues through their comprehensive cancer control programs. Not only does it serve as a model for assessing QOL at the end of life, it also creates opportunities to work with non-traditional partners, such as veterans' homes, the state hospice association, and community hospice agencies. QOL at the end of life is an important concern for many cancer patients. There is a huge opportunity to improve the systems and manner in which end-of-life care is given.

### Contact Information

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